



TOWN OF NEWSTEAD
FREEDOM OF INFORMATION LAW
APPLICATION FOR PUBLIC RECORDS

APPLICANT NAME: _____

ADDRESS: _____

PHONE NO.: _____

I HEREBY REQUEST ACCESS/COPIES OF THE FOLLOWING RECORDS:

SIGNATURE: _____ **DATE:** _____

.....

For Agency Use Only

_____ **Application Approved**

_____ **Application Denied**
Reason: _____ **Confidential Disclosures**
_____ **Part of Investigation Files**
_____ **Unwarranted Invasion of**
Personal Privacy
_____ **Record Can't Be Found**
_____ **Record not Maintained by**
this Agency
_____ **Exempted by Statute other**
than Freedom of Information Act

Other _____

Signature: _____ **Title:** _____ **Date:** _____

NOTICE: You have the right to appeal a denial of this application to the head of this agency, who must explain the reason for denial within 7 days in writing.

I HEREBY APPEAL:

Signature: _____ **Date:** _____